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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Kre</u>	ATE APPAILE Name of Lim	L ; L L C ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	(
	TEO	UILA WALKE72 Name of Person	
	KREATE	APPAILEL BOU Firm/Company	TIQUE,
	PO BOX	220922 Address	
	<u> West</u>	PA-LM BEACH F-City/State and Zip Code	-233422
	E-mail address: (t	$S_j PA_j Z C L C GMAIL$ to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	
TEQUILIA Name o	WALKER Person	at (<u>541</u>) <u>3/3-9</u> Area Code Daytime	7686 Telephone Number
Enclosed is a check for th	ne following amount:		. /
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KREATE APPAKEL	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company v	vere filed on JAN 1	9 20 17 and assigned
Florida document number <u>L 17 0000 16 504</u>		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
KREATE APPAREL BOUT	TIQUE, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		+1 For
		<u>()</u>
		r _i
Enter new mailing address, if applicable:		- <u>CC</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	y.
	Fla	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			□ Remove
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Filing Fee: \$25.00